### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mukund

Group No.: 3629

Serial No.: 09/682,713

: Examiner: Jonathon P. Ouellette

Filed:

October 9, 2001

For:

WEB BASED METHODS AND SYSTEMS FOR MANAGING COMPLIANCE ASSURANCE

INFORMATION

**Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

#### TRANSMITTAL

1. Transmitted herewith is:

Amendment Transmittal (3 pages)

Amendment in Response to Office action dated March 4, 2009 (26 pages)

Declaration of R. Mukund dated June 18, 2009

### **STATUS**

2.	Applicar	nt
		claims small entity status.
	$\boxtimes$	is other than a small entity

# **EXTENSION OF TERM**

3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.							
	(complete (a) or (b), as applicable)  (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136  (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)							
		(Fe	es: 3/ C.F.R. 1.1/(a)-(d) for th	e to	tal number of months	cnecked below:)		
Extension for response within:					Other than small entity Fee	Small entity Fee (if applicable)		
		$\boxtimes$	first month	\$	130.00	\$ 65.00		
			second month	\$	490.00	\$ 245.00		
			third month	\$	1,110.00	\$ 555.00		
			fourth month	\$	1,730.00	\$ 865.00		
			fifth month	\$	2,350.00	\$1,175.00		
					Fee Due	\$ 130.00		
If an additional extension of time is required, please consider this a petition therefor.  (Check and complete the next item, if applicable)								
An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.								
Extension fee due with this request \$130.00								
OR  (b) Applicant believes that no extension of term is required. However conditional petition is being made to provide for the possibility the applicant has inadvertently overlooked the need for a petition for of time.								

# FEE FOR CLAIMS

		ol. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	REMA AF	AIMS AINING TER DMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL			MINUS		=	x \$26.00 = \$		x \$52.00 = \$
INDEP.			MINUS		=	x \$110.00 = \$		x \$220.00 = \$
	FIRS	T PRESEN	TATION OF	MULTIPLE DEP. (	CLAIM	+\$195.00 = \$		+ \$390.00 = \$
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$
	(a)	$\boxtimes$	No add	itional fee for	r Claims is	required		
					OR			
	(b)		Total ac	dditional fee	for claims	required \$		
				FER	E PAYME	NT		
5.	$\boxtimes$	Charge	e Deposi	heck in the su t Account No this transmitt	0. 01-2384	the sum of \$ <u>130.00</u>	<u>0</u>	
				FEE	DEFICIE	NCY		
6.	$\boxtimes$	If any 01-238		al extension a	and/or fee i	s required, charge l	Depos	sit Account No.
					AND/OR			
	$\boxtimes$	If any 2384.	addition	al fee for clai	ms is requi	ired, charge Deposi	t Acc	ount No. 01-
7.		Other:						
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